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Family Planning Service Statistics System: The Indonesian Experience

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FAMILY PLANNING SERVICE STATISTICS SYSTEM: THE INDONESIAN EXPERIENCE

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THE INDONESIAN EXPERIENCE

PURPOSE

This report documents the cumulative experience in developing the Indonesian national family planning program service statistics system. In addition to presenting the recent revisions to the service statistics system, this report incorporates the majority of information presented in earlier separate reports of the Technical Report Series (1,2). Emphasizing the greater experience of the Java and Bali data system, the report also notes the special features of the data system for the ten Outer Island provinces which were incorporated into the national program in April 1974.

Nearly five years have elapsed since the creation of the government sponsored National Family Planning Coordinating Board and the subsequent decision to design and implement a rapid-feedback service statistics system. This review serves to document this significant development for various Indonesian family planning program managers and to assist other developing nations interested in creating a cost effective family planning program data system within the available resources of the country.

NATIONAL PROGRAM OVERVIEW

Indonesia moved toward a national family planning program in 1967 when President Soeharto signed the World Leaders' Declaration on Population. By 1968 an Ad Hoc Committee was formed which in turn led to the establishment of a semi-government National Family Planning Institute in October 1968. In 1970, the Government of Indonesia (GOI) dissolved this agency and created afully government body, the National Family Planning Coordinating Board (NFPCB), responsible to the President. Soon thereafter, the NFPCB, utilizing the recommendations of the UNDP-IBRD-WHO advisory team report, developed a five-year plan for a family planning program in the six provinces of Java and Bali which had a combined population of approximately 80 million in 1971.

In April 1974, when the GOI Second Five-Year Plan (FY 1974-75 to 1978-79) was initiated, the government sponsored family planning program was expanded to ten of the twenty provinces of the Outer Islands. At that point the government sponsored family planning program assumed fertility control program responsibility for 85 percent of Indonesia's population. Services for the remaining population are provided by various private organizations, particularly the Indonesian Planned Parenthood Association, the affiliate of the International Planned Parenthood Federation.

The organizational structure and the responsibilities of the NFPCB at the central, provincial and regency levels are based on Presidential Decree #8, 1970, which was later modified by Presidential Decree #33, 1972. The primary task of the NFPCB is, as its name implies, coordination, planning, supervision and evaluation of all aspects of the national family planning program. The NFPCB has administrative offices at the national, provincial (16) and the regency levels of Java and Bali (116). The Bureau of Reporting and Documentation is a distinct bureau at the national level and is combined with research and evaluation at the provincial level. The Bureau of Reporting and Documentation, under the supervision of the Deputy Chairman III (Research and Development) is responsible for the implementation and development of the service statistics system.

Various "implementing units" are responsible for the majority of the specific project activities. The "implementing units" are government ministries, other government agencies and private organizations involved in one or more components of the total national family planning program. Examples of the "implementing units" are the Ministry of Health, Ministry of Information, the Armed Forces and the Indonesian Planned Parenthood Association. Each of the implementing units has an administrative structure appropriate to its authority and magnitude of activities within Indonesia. In the case of the Ministry of Health and the Ministry of Information, there are administrative offices at the central, provincial and regency levels. For the Armed Forces, the administrative offices for health and family planning programs are primarily at the national and sub-national level. Private groups may have national and provincial administrative offices. Because of the variety of implementing agencies the rapid service statistics system requires considerable flexibility and adaptation to the dissimilar management requirements of various agencies.

Program progress over the past five years is significant. Annual new family planning acceptors in the Java and Bali program grew from 181,278 in the GOI Fiscal Year (FY) 70-71 to 1,475,016 in FY 74-75. The prevalence of contraceptive use (current users) is estimated to be 18 percent of the married women age 15-44 in Java and Bali as of March 1975.

These accomplishments have been achieved through a vigorous rurally oriented services program. At the end of calendar year 1974, the "average" new acceptor was a 29 year old, Moslem, minimally educated farmers wife with three living children.

DATA SYSTEM DEVELOPMENT

In July 1970, under the leadership of the NFPCB Bureau of Reporting and Documentation, a comprehensive and standardized data system was designed (3) for the National Family Planning Program Five-Year Plan. The service statistics portion of the system incorporated the field proven aspects of various African and Asian family planning service statistics systems and considered the recommendations of several national and foreign consultants. Following field testing, which resulted in only minor changes, the service statistics records and processing were adopted in April 1971. Hand processing of the most essential data was necessitated for approximately four months, after which the majority of data processing was accomplished by computer. The NFPCB maintained a feedback report to the field within thirty(30) days of data receipt even in the first few months of the data system.

Though some implementing units originally preferred to process and evaluate their own data it quickly became apparent to all implementing units that the NFPCB system which included computer processing and rapid mailing service provided feedback data much faster than the implementing units' hand processed analysis. This early acceptance of a reasonable high quality system which incorporated rapid feedback (30 day turn around time) was a critical first step in establishing the credibility of the system. Thereafter, the implementing units provided an even higher degree of cooperation in the program efforts directed toward improving the degree of reporting clinics and the quality of the reported data.

The overall schematic flow of program data (service statistics, program activities, fiscal) is presented in Figure 1.

During the first year (GOI FY 71-72) all NFPCB Bureau of Reporting and Documentation efforts were directed toward basic service statistics. As the monthly clinic activity reports and quarterly analysis of new acceptors' characteristics operated more smoothly, attention was directed to improving the format of the feedback reports, validating the system and expanding the spectrum of data information available to program managers.

Indonesia's new family planning acceptors predominately chose the oral contraceptive and the total number of new acceptors rapidly accelerated. As a consequence, the supply and distribution of oral contraceptives increased in real numbers and in complexity of analysis. Therefore, in 1971 the NFPCB implemented a monthly contraceptive stock inventory and utilization reporting system. While exceedingly simple, this component of the data system has provided useful data and at the same time has demonstrated several operational problems which can arise from even the simplest data system incorporating over 2,300 reporting stations. The lessons of experience with the logistics data system are described in subsequent sections of this report.

At approximately the same time the need for rapid acknowledgment of the receipt of funds by the clinics was perceived at the national and provincial NFPCB and implementing unit offices. Accordingly, a qualitative financial report was designed, tested and implemented. This report, submitted each month, confirmed the receipt of either monthly or annual operational funds as described specifically in the budgets for the clinics, e.g. salaries for medical personnel and family planning field-workers. The acknowledgment of receipt of funds was the primary objective of this report. Because of changes in the monetary incentive schemes to clinics and family planning workers and the desire to develop a more comprehensive financial report the qualitative financial report was dropped from the clinic monthly report in early 1974.

DATA SYSTEM FORMS

Presented below is a brief review of each form in the service statistics and logistics system, a translated copy which approximates the Indonesian language original lay-out and a discussion of major data or format changes, if any, since the original format of 1971.

A. Clinic Registration Card (Figure 2)

When a family planning clinic has sufficient trained personnel, equipment and supplies, the clinic applies to the NFPCB regency office for designation as an official registered family planning clinic. To

comply with the registration requirements, a family planning clinic registration card is submitted to the regency, province and the central NFPCB office. The NFPCB regency office then assigns to the clinic a unique six digit clinic code number for use in all reports. A provincial and regency (kabupaten) code scheme designed by the GOI Central Bureau of Statistics is used: the first two digits designate the province, the middle two digits designate the regency (kabupaten) and the last two digits designate the specific clinic within the regency. Hence Clinic Number 101813 indicates West Java (10); regency (kabupaten) Indramaju (18); Clinic No. 13 within that regency.

The Clinic Registration Card provides information regarding the type of clinic, the sponsoring agency, date of establishment, available staff, services availability, physical status of buildings and available equipment.

This form has had only minor changes since 1971.

The primary identification data from the Clinic Registration Card is held on computer tape. On annual basis, or as required, the clinics are requested to update the information at which time appropriate and necessary changes in the tape data bank are made.

B. Personnel Data Card

In 1973 a clinic personnel data form was designed and adopted. This form, submitted by each person/employee in the family planning clinics of the national family planning program provides basic personnel identification data: name, sex, marriage status, birth, current position, address of employment, date of employment in present position, educational background and specific family planning training details. The form is submitted to the central headquarters at the time of clinic registration or annual data update. At the present time, the information submitted on the Personnel Data Card is processed and stored on computer tape.

C. Referral Card (Figure 3)

This card is given by the family planning field-worker to the potential acceptor to provide the necessary information and identification of the acceptor and the field-worker to the clinic. The card assists the field-worker (a single purpose motivator/communicator) in the follow-up activities, provides a record system for monitoring the success of field-worker program and was used to substantiate authority for incentive fees paid to the field-worker for recruiting the family planning acceptor until April 1974, when the individual motivator incentive fee scheme was discontinued. Because of the increasing use of community actions to educate/motivate potential acceptors with less dependence on the sole efforts of a field-worker, this card is less useful now than previously.

D. Acceptor Card (Figure 4)

This card provides a clinic record of the pertinent characteristics and clinical data of the new acceptor. Each new acceptor to the family planning clinic is given a unique code. The number is derived from the serial numbering system (first four digits) within a given fiscal year (last two digits). This six digit code combined with the six digit clinic code provides a unique twelve digit number for each new acceptor in the history of the program.

When the acceptor has received the contraceptive supplies a covering flimsy copy of the coded characteristics data is torn from the clinic card (leaving the carbon copy directly on the card) the clinic card is filed, and a line entry is made on the Clinic Register described below. The flimsy copies are mailed to Jakarta monthly in preaddressed, first class airmail postpaid envelopes. In Jakarta the acceptor characteristics slips are sampled randomly by hand for the quarterly 10% analysis of acceptors' characteristics and for internal verification of the total number of new acceptors reported on the monthly clinic report described below.

The translated version (Figure 4) of the currently used clinic card was revised slightly in April 1974. With regard to the acceptor characteristics portion of the card, the following addition or changes were made in 1974.

	Changes	Reasoning
A.	Added Buddhism to the religion section.	Significant religious group for which new acceptor data not currently available.
B.	List each military unit (Police, Army, Navy and Air Force) to the occupation section.	Armed Forces desired specific data by Armed Forces branch.
C.	Delete "mass media" as a source of referral and add "self-motivated."	Mass media is viewed not as the primary motivator for program acceptors. Some acceptors insist that their participation was a personal decision not based on the planned information program.
D.	Specifically request by number additionally desired children (up to 6).	Further quantitate desired family size by new acceptors. To be used in routine age-parity analyses.
E.	List specific surgical techniques and injections as a contraceptive choice.	To monitor these popular "non-official" contraceptive techniques.
F.	Postpartum clinics will designate the acceptor as "immediate," "direct" or "indirect."	To assist in the evaluation of of the expanded postpartum program.

On the clinical exam portion of the Acceptor Card, the original form requested the following information for those potential new acceptors requesting oral contraceptives:

	Yes	No
1. Yellow skin or eyes		
2. Lumps in the breast		
3. Unusual fluid flow from nipple		
4. Unusual or severe chest pain		
5. Swollen, throbbing leg varices		
6. Scanty menstrual periods		
7. Frequent, unusual menstrual periods		
8. Spotting after intercourse		
9. Easily tired or shortness of breath		
10. Frequent headaches		
FILL OUT BELOW		
* 13. urine for sugar		
* 14. urine for albumin		
* Do if deemed necessary		

CLARIFICATION:

a. Mark X in appropriate box.

b. For number 1-5, examine the patient.

c. If all answers "No," mother may be given pills by midwife (trained).

d. If one box marked "Yes," patient should be examined by doctor prior to pill distribution. Then a midwife can distribute pills after the approval of the examining doctor.

On the basis of professional judgments of physicians within the national family planning program, the list of questions with regard to oral contraceptives was reduced to the following seven.

	Yes	No
1. Blood pressure greater than 150/100?		
2. Skin or eyes appear yellowish?		
3. Lump in breast?		
4. Swollen or throbbing varices?		
5. Heavy or frequent menses?		
6. Difficult breathing?		
7. Frequent headaches.		

A midwife continues to be allowed to administer oral contraceptives to a new acceptor if all answers to the above questions or examinations are "no." If abnormalities are noted, the patient is referred to a physician within or at a nearby clinic.

For those potential acceptors selecting the IUD, the gynecological exam questions on the original Acceptor Card required the examining physician or midwife to determine the following:

GYNECOLOGIC EXAMINATION:

A. Uterus

Position: 1. retro/anteflexed 2. hyperanteflexed 3. hyperretroflexed

Size : 1. Normal 2. Small 3. Large

Shape : 1. Regular 2. Irregular

B. Adnexa : 1. Normal 2. Enlarged 3. Soft 4. Diseased

C. Cervix

Erosion: 1. None 2. Present 3. Severe

Discharge: 1. None 2. Small amount 3. Bleeds easily

CLARIFICATION:

a. Circle appropriate classification.

b. If all "No. 1" circles, IUD can be inserted.

c. If No. 2, 3, or 4, request advice of physician before inserting IUD.

As can be seen in Figure 4, the revised Acceptor Card presents only three questions to the examining midwife or physician:

1. Are there signs of pregnancy?

2. Are there indications of infections?

3. Are there indications of tumor?

As on the original form, a midwife can proceed with the IUD insertion if the gynecological exam is normal and the questions above are answered in the negative. If the exam demonstrates abnormal findings in the gynecological exam conducted on potential IUD acceptors, the patient must be referred to a physician within the clinic or to a clinic where a physician is in attendance.

Other minor revisions were incorporated to provide more specific information on the type of oral contraceptives or IUD provided.

E. Acceptor Visit (ID) Card (Figure 5)

This form is provided to the acceptor to facilitate retrieval of the clinic card on return visits. The card includes the acceptor number, clinic number, acceptor's name, acceptor's husband's name and home address. Space is available to record the next scheduled clinic visit and remarks.

There have been no changes in this form, which continues to be useful.

F. Patient Index Card (Figure 6)

This card, with code number and name theoretically is filed alphabetically by the acceptor's name. The card is maintained in the clinic to facilitate identification of the patient and retrieval of the clinic record in the occasional event that the patient visit (ID) card is lost. Experience indicates, however, that this card is infrequently used and often is not filed according to instructions. The clinic personnel tend to rely on the visit card, the follow-up card or the register for identification purposes.

There have been no changes in the format of this card.

G. Clinic Register (Figure 7)

This register provides a day-to-day, patient specific entry for each family planning patient visit. The aggregation of this data provides the basis for the monthly report. Only one major change was made to this form in 1974: the provision to record the specific number of cycles of oral contraceptives or condoms given at a specific patient visit. This addition has facilitated better stock control of contraceptive supplies at the clinic level. Provision was also made for additional new contraceptive methods.

This register has proved exceedingly utilitarian for general clinic administration and supervision.

An expanded version of the Clinic Register is used by postpartum hospitals. The expanded version provides for additional information regarding the postpartum new acceptor type (immediate, direct or indirect) by contraceptive method.

H. Contraceptive Register (Figure 8)

In response to the requirements of managing increasing amounts of consumable contraceptives, a contraceptive register stock sheet was designed and adopted in 1974. The form provides a line entry for daily receipts or releases (as determined from the Clinic Register) of oral contraceptives, IUDs, condoms, foam tablets and the Clinic Card stock. Accumulating this data for the month provides the specific information required for the contraceptive stock portion of the monthly clinic report.

I. Follow-up Card (Figure 9)

This card was designed and pretested to facilitate clinic follow-up. This form offers a field tested, standardized program management tool. Clinic personnel record the next visit, file by appointment date and refile with new appointment date for the subsecquent repeat visit. "Missed" appointments remain in the file box until the "review date," toward the end of the month. Clinic personnel and field-workers can then take appropriate action. The card is printed on both sides and therefore, is usable for a two-year period. no provision for clients?

J. The Monthly Report (Figure 10)

A monthly report is submitted by each clinic no later than the fifth day of the month following the reporting month. This report provides aggregate data on all measured activities and contraceptive stock in that clinic.

As can be noted by comparing the clinic register and the monthly clinic report forms, much of the aggragate data for a given numbered entry on the monthly report is obtained by adding the same numbered column of the clinic register. For example, the total number of returning IUD continuing acceptors for routine examination (Entry II. 2.a) is obtained by adding the total number of entries in Column 15 of the Clinic Register for that month. Data from Item B of the Monthly Report is available from the aggregated monthly individual fieldworker reports (Figure 11).

Copies (6) of the monthly report are completed and sent as follows:

1 copy directly to NFPCB/Jakarta central office (in preaddressed, first class airmail postpaid envelopes);

1 copy directly to NFPCB/provincial office;

1 copy directly to NFPCB/regency office;

1 copy directly to the implementing unit, e.g., Ministry of Health at regency and an additional single copy to the provincial level; and

1 copy for clinic files.

Minor changes in the Monthly Report were necessitated due to the monitoring of additional contraceptive methods (sterilizations and injection) as noted above.

For approximately two years, the following qualitative fiscal report was submitted simultaneously with the monthly clinic report.

Finances

If monthly funds have been received, mark X in the appropriate box.

1. Incentive Money

	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
a. Acceptor Referral												
b. Clinic & follow-up												
2. Consolidation Funds (Salaries)												

3. Clinic Rehabilitation and Maintenance (annually only) _____

However, with the discontinuance of incentive fees to field-worker/motivator workers for referring acceptors to the clinic and due to the planned intention to develop a separate program financial report, the financial portion of the monthly clinic report submission was deleted in April 1974.

As can be noted from the Monthly Clinic Report example (Figure 10), the clinic contraceptive stock and Acceptor Card stock report, previously a separate document, is combined into a single page as of April 1974. This combined form was developed to promote more complete clinic reporting and to provide additional efficiencies to the data processing.

A separate contraceptive stock report is also submitted by each regency, provincial and the national warehouse. More specifics regarding this logistics data are provided below.

Finally, there are additional hand tabulated reports which have assumed increasing importance for program managers. The reports are as follows:

1. A monthly financial report from the province to the central NFPCB summarizing the allocations and expenditures for the specified program components. As noted above, a rapid feedback, computer processed financial information system is being developed for this data at this time.

2. A monthly implementation progress report from the province to the central NFPCB, tabulating the cumulative percentage attained of planned activities and expenditures for the entire spectrum of NFPCB funded activities, e.g. information and motivation, medical services, training, etc.

3. A quarterly provincial to central report which provides a comprehensive narrative description of personnel status, supervision activities, accomplishments of the various program activities, e.g., mass media, publications, and the current status of other program components such as current clinic staff, medical equipment and field-worker staff. The report is prepared from a similar report submitted monthly by the regency NFPCB offices.

Processing

Upon receipt of the clinic monthly reports, the NFPCB records the entry on a control sheet and forwards the forms in batches to a private sector Indonesian data processing company, where key-punching, verifying and computer processing are performed. Similarly, the patient characteristics sheets are sampled by acceptor number (fourth serial number digit; changing digit each quarter) and forwarded to the data processing company. Printouts for the monthly reports are received by the NFPCB approximately five working days after the data closure date, which is usually the 15th of the month. Late clinic reports are added to the cumulative report of the following month.

FEEDBACK REPORTS

The sine qua none of an effective data system is a feedback report to the source or intermediate source of the data and to the relevant intermediate program managers. The rapid feedback component of the Indonesian program data system has been one of the primary determinants in establishing an extraordinary degree of field cooperation and compliance in the data system. This is exemplified by the fact that approximately 95-98% of the family planning clinics on Java and Bali submit their reports on time, i.e. within 10-12 days after the end of the reporting period.

Further commentary on timely clinic compliance with reporting requirements is presented in a subsequent section.

As currently implemented there are 18 monthly and 23 quarterly computer printout reports. This information is used by different program managers, at different levels for different purposes. The majority of specific monthly computer printouts provide separate listings for current month, prior months' late reports received this month and cumulative data for the fiscal year. Unless noted otherwise the listings are provided by regency and by province in two separate sets: one for the 6 province programs of Java and Bali and one for the 10 province programs of the Outer Islands.

The printout reports are as follows:

1. Reports Submission Review. This analysis provides a listing of all clinics and their compliance with monthly reporting requirements within the fiscal year.

2. Clinic Activity Report

   A. Registered clinics by implementing agency (i.e. Ministry of Health, Armed Forces, other government agency or private agency).

   B. Reporting clinics by implementing agency.

   C. Unregistered yet reporting clinics by implementing agency.

D. Total reporting clinics by implementing agency.

E. New acceptors by contraceptive method by implementing agency.

F. New acceptors resulting from mobile medical teams by implementing agency.

G. Total repeat visits by continuing acceptors by implementing agency.

3. Extra-clinic Activity Report

A. Total registered clinics.

B. Total numbers of clinic hours of service.

C. Total home visits.

D. Total clinic referrals.

E. Total group meetings and attendance.

4. Total New Acceptor Report

This report lists new acceptors per clinic and per clinic hour by method.

5. Ranking by regencies within a province and by province of the percentage of registered clinics reporting on time.

6. Ranking by regency within a province and by province of the new acceptors per 1,000 married women ages 15-44.

7. Ranking by regency within a province and by province of new acceptors per 1,000 married women ages 15-44 by contraceptive method.

8. Monthly English language Statistical Summary (Figure 12 A, B, C, and D).

A. Total registered clinics.

B. Total new acceptors by contraceptive method and percentage distribution of contraceptive distribution.

C. Rate of new acceptors per clinic.

D. Cumulative new acceptors for fiscal year.

E. Percentage of cumulative new acceptor fiscal year target accomplishment.

F. Total repeat visits.

9. Quarterly reports of clinic and extra-clinical activity by the Ministry of Health (Similar to Reports 2 and 3 above).

10. Quarterly reports of clinic and extra-clinical activity by the Armed Forces (Similar to Reports 2 and 3 above).

11. Warehouse Reports Submission Review. Similar to Report 1 above but specifically for contraceptive warehouses.

12. Logistics Report (separate listings for current month, late reports and cumulative for fiscal year). This report provides an analysis of receipts and releases of contraceptives and the acceptor card supplies by regency and province.

13. Regency Contraceptive Stock Distribution. This report lists contraceptive usage, stock levels and indicates the regencies where clinics have less than a three month supply on hand.

14. Provincial Contraceptive Stock Distribution. This report provides the same as Report 13 above except that the information is on a province basis.

The following reports with separate listings for current month, late reports and cumulative for fiscal year are designed for and used by facilities in the national postpartum program (Outer Islands included).

15. Postpartum Program Results. This report lists the facilities' accomplishment in terms of:

    A. Total deliveries and spontaneous abortions (OB/AB).

    B. Total new acceptors by method.

    C. Percentage of all new acceptors from OB/AB cases.

    D. Percentage of acceptors adopting (effective methods, i.e. oral contraceptives, IUDs, sterilizations or injectables) among recent OB/AB cases.

16. Return Visits by Continuing Acceptors in Postpartum facilities.

17. Postpartum New Acceptors by Program Type. Lists new acceptors as "immediate," "direct" or "indirect" and provide percentage of direct acceptors of total OB/AB cases, percentage of direct acceptors of all new acceptors and percentage of immediate acceptors of all new acceptors.

18. Total New Postpartum Acceptors by Contraceptive Method.

19. New Postpartum Acceptors by Program Type (immediate, direct and indirect) and by Contraceptive Method.

20. Ranking of postpartum facilities by direct new acceptors as a percentage of total OB/AB cases.

The postpartum program specific monthly output tables were developed in early 1974 and are under review for program usefulness and appropriateness.

From the available computer printouts, relevant portions of the printout reports are sent directly to the national, provincial and regency NFPCB or implementing units. To the extent necessary, additional copies are photocopied from the original computer printouts. In earlier years, data from the computer printout reports were transferred to mimeographs for reproduction and transmittal to the field. This technique, however, became too time consuming, hence the change to sending computer printout reports directly.

In addition, copies of Report No. 8 above, the English language Statistical Summary are sent to donor agencies, Indonesian and foreign population libraries, Indonesian government agencies and various Indonesian and foreign private agencies. An example of the March 1975 Statistical Summary is provided as Figure 12 A, B, C, and D.

On a quarterly basis, a ten percent sample of new acceptors' characteristics as described above is processed by computer with the following routine cross-correlations.

1. Type of Acceptor by Age Group.

2. New Acceptor Contraceptive Method by Age Group.

2a. Age-Parity Grid Analysis by Contraceptive Method.

3. New Acceptor Contraceptive Method by Religious Affiliation.

4. New Acceptor Contraceptive Method by Acceptor's Educational Level.

5. New Acceptor Contraceptive Method by Acceptor's Husband's Occupation.

6. New Acceptor Contraceptive Method by Education of Acceptor's Husband.

7. New Acceptor Contraceptive Method by Referral Source.

8. New Acceptor Contraceptive Method by Desire for Additional Children.

9. New Acceptor Contraceptive Method by Time Since Last Obstetrical Event.

10. Referral Source by Age Groups.

11. Referral Source by Religious Affiliation.

12. Referral Source by Acceptor's Educational Level.

13. Referral Source by Acceptor's Husband's Occupation.

14. Referral Source by Education of Acceptor's Husband.

15. Time Since Last Obstetrical Event by Education of the Acceptor.

16. Referral Source by Presentation of Referral Card.

17. Desire for Additional Children by Acceptor's Educational Level.

18. Desire for Additional Children by Acceptor's Husband's Occupation.

19. Desire for Additional Children by Education of Acceptor's Husband.

20. Desire for Additional Children by Parity (Living Children).

Summaries of the basic acceptor characteristics are extracted from the computer printouts and sent as mimeographed reports to the field NFPCB and implementing agencies offices. More specific analyses and the reports evolving from these analyses are generally done by central headquarters personnel. These reports frequently are incorporated into the NFPCB's "Technical Report Series."

DATA UTILIZATION

A program data or information system is of limited value unless the system provides relevant information by which program managers can grasp an immediate overview of progress and problems and from which they can make the necessary management decisions. Over time, the Indonesian data system is fulfilling these requirements.

Earlier critics stated that no one would use the data, but the NFPCB Bureau of Reporting and Documentation recognized that program managers could not be stimulated to use the data until the data were available. Further that data must be highly accurate, and of immediate, relevant value.

Field experience does indicate that the utilization of the routine monthly reports by individual program managers varies greatly. The ranking of the regencies as to the percentage of clinics reporting on time and the number of new acceptors per 1,000 married women ages 15-44 has stimulated considerable interest in the program data. Simple layout, avoidance of cumbersome abbreviations and periodic letters or reviews emphasizing a particular trend have increased further the degree of program data utilization by various program managers.

The wide provision of the four page provincial summary for use by nationals and foreigners has proved very useful. These reports are now received by several Indonesian agencies, e.g. the National Development Planning Board (BAPPENAS), various Provincial Governors and by approximately thirty foreign agencies, institutions and individuals with particular interest in the Indonesian programs.

Of great importance, the accurate new acceptors time trends have improved long-term target setting exercises and the projections of consumable contraceptive requirements.

A simplified Indonesian language presentation of program data in the format of a monthly newsletter with a circulation greater than 5,000 serves also to disseminate important program trends, developments and analyses. Further, program evaluators have agreed to use the data bank of the ten percent sample of new acceptors as the sampling base for continuation studies. A recent review (4) demonstrated a very high degree of accuracy of the sampled base and follow-up field investigations.

In addition to the increasing number of direct program uses of the data, several program evaluation analyses have evolved from this data system. These include: reviews of annual contraceptive usage trends and acceptor characteristics summaries (5,6,7), age-parity analyses of new acceptors (8), cost-effective analyses (9, 10) and a multivariate analysis of program inputs and outputs (11).

The data bank also allows retrospective analysis of variables not earlier recognized or appreciated. An example of this is the current effort to examine the interval from the last obstetrical event and the initiation of contraception, by contraceptive type and other pertinent characteristics. With a data bank established since April 1971, program evaluators now have an opportunity to examine a significant period of time and program changes.

LESSONS OF EXPERIENCE

This section will describe our experience with selected aspects of the data system and to some extent will provide the reasoning for specific decisions in the development of the system. Specific comments are provided for the following subjects:

A. Field Cooperation with the System.

B. Internal Verification of the Monthly Report.

C. Reporting Requirements for Extra-clinical Village Contraceptive Resupply Depots

D. Logistics Data System

E. Form Design

F. Data Processing

FIELD COOPERATION

As noted above, the field clinics were remarkably cooperative when they realized that the regency offices and subsequently they would receive the feedback report within approximately 30 days after transmittal of the data to Jakarta. A further stimulus to reporting was the specific identification of clinics not reporting and the ranking of regencies with regard to percentage of registered clinics reporting on time.

As noted above, approximately 97% of the approximate 2,500 Java and Bali family planning clinic reports are received in Jakarta by the 15th of the month following the reporting period. This cooperation is facilitated by the use of postpaid envelopes which relieves the clinics of the cost of mailing.

In April 1974, ten provinces of the Outer Islands entered the service statistics system. The percentage of clinics reporting within 60 days was approximately 50 percent for the first quarter (April-June 1974). By January 1975 the percentage of Outer Island clinics reporting had increased to 75 percent. The BKKBN plans to pursue the target of 97-100 percent reporting by continued practice of (a) rapid feedback; (b) specific recognition of exceptionally good/exceptionally poor performance; (c) sustained field supervision.

In summary, we believe that the following specific features have contributed to the high degree of field compliance:

(1) Rapid feedback reports.

(2) Use of "ranking" to distinguish outstanding performance.

(3) Monthly specific notations of non-compliance in timely reporting.

(4) Use of postpaid envelopes for all data system reports sent to central headquarters.

(5) Continued field supervision by central and provincial headquarters staff.

(6) Extensive circulation of feedback reports to maximize peer review by co-workers and professional colleagues.

INTERNAL VERIFICATION OF MONTHLY REPORTS

While not appreciated in the design of the original record forms, the NFPCB Bureau of Reporting and Documentation soon learned that the analysis of the 10% sample of new acceptor characteristics slips provided a useful tool to verify the total number of new acceptors

reported on the clinic monthly report. Careful review of the correlation has indicated that the theoretical 10% monthly or quarterly sample, when multiplied by 10 is less than the equivalent monthly or quarterly total new acceptors as reported by clinic reports. The discrepancy varied from 0-25% in early years of the program and in 1974 was approximately 5%. This improvement is attributed to periodic field supervisory visits when specific regency review of the internal verifications indicated discrepancies.

Verification and validation has also been accomplished by periodic surveys designed and directed by a separate bureau of the NFPCB, the Bureau of Research and Evaluation.

REPORTING REQUIREMENTS FOR EXTRA-CLINICAL VILLAGE CONTRACEPTIVE RESUPPLY DEPOTS

In 1974, West Java, Central Java and East Java began experimenting with the creation of village contraceptive resupply depots established on a quasi-volunteer basis in village homes or administrative offices. Though new acceptors continued to be referred to family planning clinics for initial examination, the new acceptor could then obtain her resupply of oral contraceptives or condoms in the village. This system is now being implemented in all rural provinces of Java, particularly in villages at considerable distance, i.e. greater than 10-15 kilometers from a registered family planning clinic. Within the near future this system may be implemented in the great majority of Java's twenty thousand villages.

Therefore, immediate thought was directed toward the new responsibilities for reporting consumable contraceptive use in this extended system. The alternatives immediately apparent were:

(1) Consider the village depot as a separate reporting unit and require the depot to report directly to Jakarta each month.

(2) Consider the village depot as a subunit of the family planning clinic and require the depot to submit monthly records of actual contraceptive distribution to the family planning clinic, where the various depot reports would be aggregated with the activities of the registered family planning clinic.

(3) Consider the family planning clinic as the primary reporting unit. Provide all village depot supplies from the family planning clinic contraceptive stock and assume that "supplies distributed this month" included supplies provided to returning acceptors in the family planning clinic and all those monthly supplies sent to village resupply depots.

Alternative 1 would have required an additional standardized form, considerable training and markedly increased mailing and data processing costs. Therefore, this alternative was rejected.

Alternative 2 would have required a standardized form, a mailing or collection system and skilled clerical time to aggregate the data for the family planning clinic monthly report. While these requirements may have been met, program managers anticipated increased delays and arithmetic errors in aggregating the depot reports. Therefore, this alternative was also rejected.

Alternative 3 provided considerable simplicity, presented no new clerical or mailing requirements but had the disadvantage of measuring consumable contraceptive flow a step away from the village depot. After a review of the field experiment areas where it was repeatedly observed that village depots received approximately 100-105% of their prior month usage, the NFPCB decided that over time the flow of contraceptives to the village depots could be measured with reasonable accuracy at low administrative costs by adopting Alternative 3, i.e. counting contraceptive stock sent to depots as "contraceptive distributed," implying consumed. The simplicity of this approach was of greater importance than the need for precise point-in-time information.

With this alternative, the village depot holders maintain simple registers of continuing acceptors and supplies distributed, thus being able to forecast with considerable accuracy their next month's requirements. If small excess supply accumulated, then less would be requested or provided for the following month.

This alternative has been adopted by the NFPCB. During the GOI FY 75-76, the Bureau of Reporting and Documentation specifically and the NFPCB in general will review the progress of the expanded data system development and will reassess the soundness of adopting this data system alternative.

In summary, the rapid development of village contraceptive resupply depots has thus far created no extraordinary burdens. Estimated prevalence of oral contraceptive use is calculated by aggregating from the family planning clinic monthly reports, all oral contraceptives distributed directly to returning oral contraceptive acceptors and all oral contraceptive supplies distributed to village resupply depots. Thus far the time trends for oral contraceptive use indicate no greater variance than as earlier reported when all continuing acceptors were forced to use only the family planning clinic as a resupply source.

LOGISTIC DATA SYSTEM

While the above description of the clinic monthly report and the feedback report describe the simplified consumable contraceptive supply data system, we again stress the critical importance of this portion of the overall service statistics system.

For the past few years, most Indonesian new acceptors have preferred to use oral contraceptive. Consequently the annual requirements for oral contraceptives have grown rapidly. For example, in April 1971 approximately 30,000 oral contraceptive monthly cycles per month were required for the Indonesian program. In March 1975, four years later, the requirement had grown fifty times to 1,500,000 cycles per month. Obviously a rapid feedback monitoring system is essential to maintain adequate stock control. Further, procurement of this large quantity requires reasonably precise data upon which to project future requirements.

The Indonesian logistics data system was initiated in 1971 by requesting from all clinics and warehouses the stock flow of: (1) oral contraceptives, combining all possible brands, though the majority of stock has been a single brand at a given time; (2) IUDs by size... only Lippes Loops are used in the regular program; (3) condoms, counted in dozens; and (4) acceptor card forms, upon which the data system is dependent.

With rapid processing of this data the program managers can then examine the recent month's total contraceptive distribution, the flow through various warehouses in the provinces and regencies and the total national, provincial, regency and clinic stock supply.

For over the past two years, the NFPCB has attempted to maintain one year's supply of contraceptive (orals, condoms and IUDs) in country at all times. The clinics are to have a three month supply; the regency warehouses, three months supply with the remaining stock primarily maintained in the provincial warehouses. While the goal has been achieved at times on a national level, field distribution continues to be less than ideal. The rapid feedback system however, can calculate the supply at each level as compared with monthly requirements and specifically designate those clinics or regencies which require supplemented supplies.

Many program managers believe that the logistics data system was a prime determinant in stabilizing and strengthening the supply of oral contraceptives to continuing acceptors. This achievement has then assisted the continued rise in the prevalence of oral contraceptive use. Similarly as condoms assume greater popularity as an available contraceptive, a continued supply is best assured by accurate, timely logistics data.

FORM DESIGN

A most interesting phenomena emerged during the implementation of the logistics reporting form which due to various administrative problems was not pretested. As noted above and in Figure 10, this portion of the monthly clinic report requests data regarding:

(1) Stock at end of previous month;

(2) Stock received during current month;

(3) Stock released during current month;

(4) Stock at the end of current month.

Previously, however, the forms did not include "(1) Stock at end of previous month," because the data bank already had this information from the prior month's report. The field clinics and warehouses did not understand how the Jakarta office could analyze the data without the prior month information. Therefore, they frequently relabeled columns creating numerous data processing hindrances. The form was revised.

Design of the various computer output tables has demanded considerable attention. Following the review of currently used output tables by consultants well experienced in the use of computers for improved management, numerous changes have been proposed. These changes in the printout formats are designed to either improve readability and comprehension, decrease processing time and/or decrease computer printout paper requirements.

DATA PROCESSING

The NFPCB service statistics data system has utilized electronic data processing since June 1971. While the specific arithmetic calculations are not complex, very large volumes of data must be processed and aggregated in approximately two weeks. While manual labor could accomplish the same task, neither the time requirement or the high degree of accuracy could be met with semi-skilled clerical processing. Within the monthly feedback report, special features such as ranking, compliance with the reporting system and performance per target population and rates of performance per clinic per day can be provided for this volume of data only by use of the computer for rapid processing.

Quarterly reports providing numerous cross correlations, calculation of medians from large volumes of data and calculation of time intervals can be provided more rapidly and accurately with the computer than with manual clerical assistance.

For the data processing the NFPCB continues to believe that private sector contracting for all requirements is cost effective when all relevant costs are considered.

The extraordinary capital costs, the necessity for immaculate maintenance and power supply, the competitive wages for key punchers, programmers and analysts in Jakarta, the requirement for backup systems in the event of breakdown and the necessity for timely and rapid processing all dictate against developing an in-house data processing capability within the NFPCB. The contractor for these services, an all Indonesian data processing company, has provided monthly reports by predetermined deadlines since the initiation of the system.

DATA SYSTEM COSTS

Recognizing the essentiality of cost analysis, the best available financial and manpower data are presented below. However, the determination of the total costs for any complex activity is difficult; frequently estimates must be substituted for precise cost data.

For our cost estimates we were unable to estimate precisely the following:

A. Personnel Costs: In large part personnel costs would be the same and perhaps higher if a rapid feedback system were not used. Every national family planning program requires some degree of clinic and program reporting. Personnel currently employed to manage the Java-Bali system at the various program administrative levels are as follows for GOI FY 74-75.

	Professional	Clerks/Assistants
Central	7	12
Provincial (6 offices)	13	10
Clinics	0	approx. 2,200 clerks working up to half-time

Other personnel at all levels were, of course, completing data forms.

B. Data system specific short-term foreign consultants are estimated at approximately 6-man weeks since 1971. This was supplemented by resident consultants and technicians assisting the overall national family planning program.

Table 1 outlines the costs in US $ equivalents which could be reasonably obtained.

For the past 3 years, the BKKBN's Bureau of Reporting and Documentation budget represents about 5% of the total GOI family planning outlay. On the other hand the BKKBN's Bureau of Reporting and Documentation shoulders a larger percentage of the total data system costs than does the GOI for the total population program. Hence, the total basic data system costs represents only 2.5% to 3.0% of the total program costs, which for the most recent fiscal year are greater than US $20 million.

"What is the appropriate price of a compass for an unexplored journey?" Thus far the BKKBN believes the basic data system has been worth the expenditures of funds and human energies.

FUTURE DEVELOPMENTS

As we noted earlier, the original intent was to design and implement a comprehensive data system. Thus far the primary accomplishments have centered on routine clinic activity, logistics reports, new acceptor characteristics and the provision of a new acceptor data bank for sampling purposes.

In the development stage now are a simplified information and motivation program monthly reporting, a more sophisticated field-worker report which will analyze individual worker performance, a routine monthly calculation of current contraceptive use (prevalence) by type of contraceptive by regency and province, a rapid feedback financial reporting system and a simplified private physician reporting scheme for "private sector" new acceptors.

The development of a simplified information program reporting system is complicated by the fact that the current field-worker report monitors similar activity, e.g. number of group meetings, Reconciliation of this overlapping activity reporting is under review and consideration at this time.

Table 1

Basic Data System Expenditures
in $ US (000s)

GOI FY	70/71	71/72[a]	72/73	73/74	74/75[b]
GOI Budget for Bureau[c] Reporting and Documentation	54	98	295	370	451
Foreign Donations					
A. Equipment		1	37	0	8
B. Fellowships		5	0	0	7
C. Rupiah Support		9	9	10	30[d]
Total	54	113	341	380	496
% GOI Total	100	87	87	97	91
Total Program Expenditures					
GOI	1,300	2,300	5,100	5,900	7,700[e]
Donor	3,300	2,900	4,600	8,500	13,000
Total	4,600	5,200	9,700	14,400	20,700
%GOI Funded Data System Expenditures of Total GOI Funded Program Expenditures	4.1	4.9	5.8	6.3	5.9
% Total Basic Data System Expenditures of Total Program Expenditures	1.2	2.2	3.5	2.6	2.4

a/ Rapid feedback system began during this period.

b/ Outer Island responsibilities began this year.

c/ Includes paper, printing, mailing, travel, supplies and data processing. The latter is approximately 25% of the GOI inputs.

Data for 70/71 through 73/74 are actually expenditures and represent 100% of specific year obligations. 74/75 data are obligation data only.

d/ Specifically for national training program to introduce new service statistics forms.

e/ Estimated expenditures.

SUMMARY

Following the establishment of a National Family Planning Coordinating Board (NFPCB) by the Government of Indonesia in 1970, a rapid feedback program reporting system was designed and implemented for the Java-Bali program.

Focusing primarily on routine service statistics, the data system has accomplished a high degree of field reporting compliance and rapid field feedback, i.e. within thirty days of the reported period.

Using the available data, program evaluators have provided useful reviews and analyses upon which more program changes could be based.

Combined with the predominate philosophy of rapid field feedback, preaddressed postpaid envelopes, direct mailing from family planning clinics to the NFPCB headquarters and the use of electronic data processing to manage and analyze more appropriately the available data have strengthened the development of the data system.

A review of costs indicate that the direct costs of this modern though simple system is approximately three percent of total program costs.

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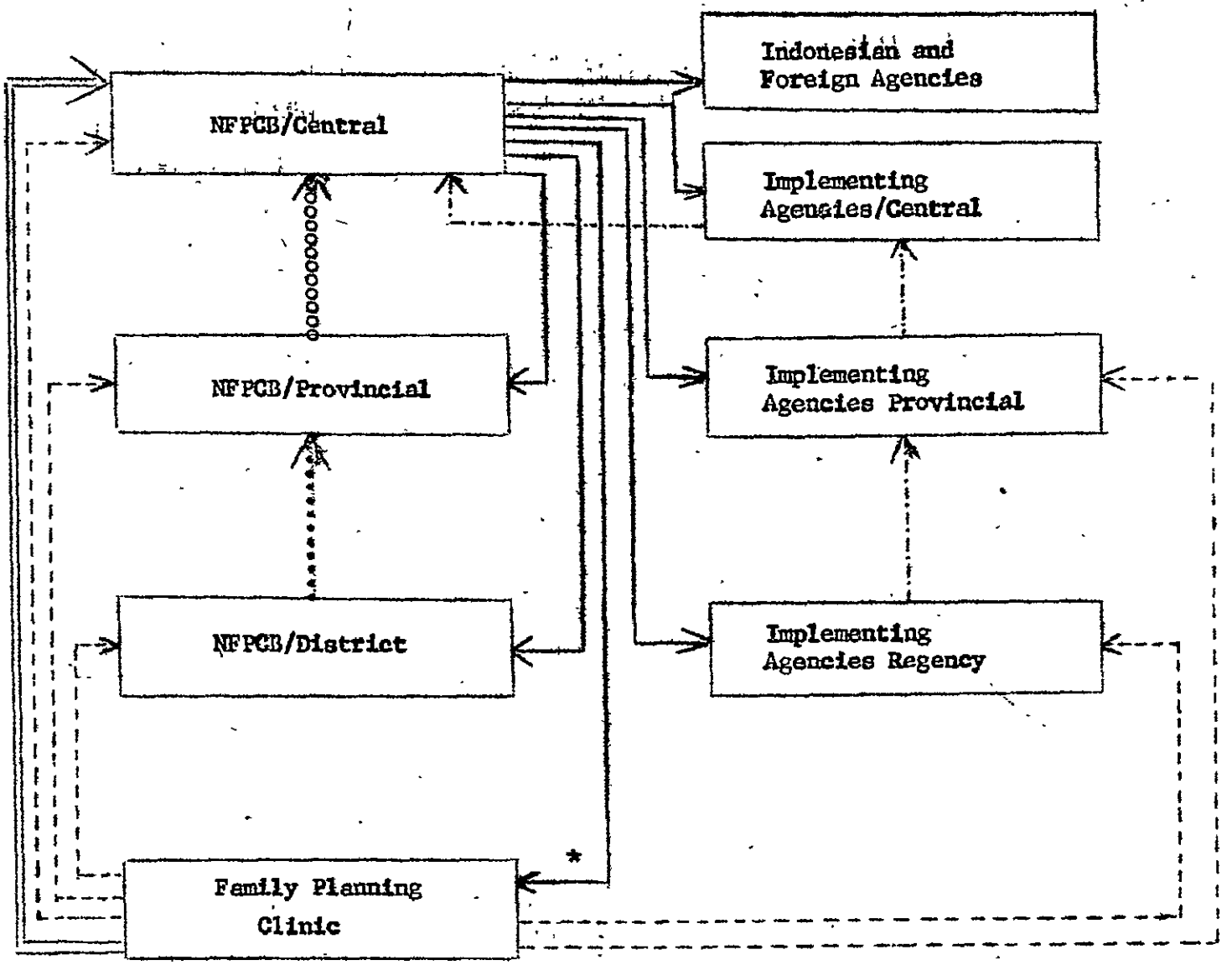
Figure 1

PROGRAM DATA FLOW



Acceptor Characteristics slips

Monthly clinic reports

Monthly NFPCB/District reports

Monthly and quarterly NFPCB/Provincial reports

Implementing agencies reports

Feedback reports, monthly and quarterly (* to clinics annually).

Figure 2

NATIONAL FAMILY PLANNING PROGRAM

K/0/KB/74

Registration Card
Family Planning Clinic

Clinic Code No. /_/ /_/ /_/

Province ..... District/Town .....

I. Clinic Status : 1. Ministry of Health 3. Other Govt Agency
2. Armed Forces 4. Private /_/

II. Implementor : Name of Sponsoring Agency .....
Address .....

III. Name and Address of Clinic : .....

IV. Date Registered : Day ..... Month ..... Year .....

V. Date Officially Established : Day ..... Month ..... Year .....

VI. Type of Clinic : 1. Simple 2. Complete /_/

VII. Combined With : 1. MCH Clinic 4. Hospital
2. Public Health Center 5. None
3. Maternity Clinic 6. Other /_/

VIII. Service Sessions : How many times per week /_/

IX. Name of Clinic Officer in Charge : .....
Specialty: Doctor/Midwife/Other *

X. Total Personnel and Family Planning Training Status :
1. Doctor /_/ persons; trained /_/ persons
2. Midwife /_/ persons; trained /_/ persons
3. Asst.Midwife /_/ persons; trained /_/ persons
4. Admin.Staff /_/ persons; trained /_/ persons
5. Fieldworker /_/ persons; trained /_/ persons

XI. Clinic Physical Status :
1. Rehabilitated : yes/no *
2. Has family planning sign board : yes/no *
3. Has toilet facilities : yes/no *

XII. Available Equipment :
1. Examining Table /_/ ea
2. Medical Kit /_/ ea
3. Drug Cabinet /_/ ea
4. Instrument Stand /_/ ea
5. Waiting Benches /_/ ea
6. Writing Table /_/ ea
7. Posters and Models /_/ types

* Circle as appropriate

Date
Stamp

Clinic Officer in Charge

(.....)

K/III/KB/71

Figure 3

Referral Card

No. _____

Date _____

Wife's Name _____

Husband's Name _____

Address _____

Date of Referral _____

Appointment at Family
Planning Clinic _____

Clinic Address _____

This card will be presented to the family planning clinic.
Do not forget to carry this card with you to the clinic.

To be filled in after receipt by clinic

Clinic Code Number

1 2	3 4	5 6

Serial Acceptor Number

7 8 9 10	11 12

Contraceptive Method Chosen _____

Date Contraceptive Provided _____

This card (13 x 22 cm), consisting of two similar halves, is carried to the clinic.

One portion has the referring field-workers identification on the reverse side and is kept by the clinic.

The second half is kept by the fieldworker for follow-up visits as appropriate.

K/IV/KB/73

Acceptor Card

I. Clinic Code Number : ____

II. Serial Acceptor Number : ____

III. Age of Acceptor : ____

IV. Religion of Acceptor :
1. Moslem 2. Catholic 3. Christian 4. Hindu
5. Budhist 6. Other ____

V. Education of Acceptor :
1. Illiterate 2. Reads Roman Script 3. Finished Elementary School 4. Finished junior high school
5. Finished senior high school 6. Finished university ____

VI. Occupation of Acceptor's husband :
1. Government employee 2. private employee 3. Army
4. Navy 5. Air Force 6. Police 7. Retired 8. Tradesmen
9. Fisherman 10. Farmer 11. Day Laborer 12 Not Working
13. Don't know ____

VII. Education of Acceptor's Husband :
1. Illiterate 2. Reads Roman Script 3. Finished elementary school 4. Finished junior High School
5. Finished senior high school 6. Finished university ____

VIII. Came with referral card (K/III/KB):
1. Yes, 2. No. ____

IX. Referral Source:
1. Relatives/friends 2. Other Acceptor 3. Health Worker
4. FP Fieldworker 5. Indigenous midwife 6. Self-reffered
7. Other ____

X. 1. Total sons living ____
2. Total daughter living ____
3. Total children borne who subsequently died ____

XI. How many additional children desired:
0. None 1. One 2. Two 3. Three 4. Four 5. Five 6. More than five 7. "Not determined by me" 8. Don't know ____

XII. Total months between last delivery/abortion and accepting family planning method (if never pregnant, use code 00) ____

XIII. If ever practiced family planning, indicate what method used: 1. Pill 2. IUD 3. Condom 4. Vaginal cream/tablet
5. other 6. Never ____

XIV. Type of acceptor:
1. New 2. Postpartum/spontaneous abortion and previously has practiced family planning 3. Changed clinic and changed method 4. Change clinic, same method ____

XV. Method given this visit
1. Pill 2. IUD 3. Condom 4. Vaginal cream/tablet 5. vasectomy
6. Tubal ligation 7. Injection ____

XVI. Method provided on (date) ____

XVII. Only for postpartum in hospital:
New acceptor group : 1. Immediate 2. Direct 3. Indirect ____

Figure 4

Serial Acceptor Number ____

NATIONAL FAMILY PLANNING PROGRAM
Acceptor Card

I. Date of first visit .....
Name of Acceptor .....
Name of husband .....
Address .....
(For Armed Forces) rank ..... Unit .....

II. General Condition ..... Last Menstruel Period .....
Blood pressure ..... Weight .....

III. To be filled before giving pill; ask and notice the following:

	Yes	No
1. Blood pressure more than 150/100		
2. Skin or eyes appear yellowish		
3. Lump in breast		
4. Swollen or throbbing varices		
5. Heavy or frequent menses		
6. Difficulty breathing		
7. Frequent headache		

Explanation :
a. Put X mark in proper column
b. For questions 1-4, also conduct examination
c. If all answers are "NO" patient can be given pills by midwife
d. If there is a "YES" answer, patient should be examined by a physician before providing pills.

IV. Internal Examination
Position of Uterus: Sagio/antefleksi

	Yes	No
1. Sign of pregnancy		
2. Sign of inflammation		
3. Tumor		

Explanation:
a. Put X mark in proper column
b. If all answers are "NO" IUD may be inserted

V. Contraceptive given:
1. Pill ____ Totel ..... strips
2. IUD ____ Type ..... Difficulty in insertion ____
No difficulty in insertion ____
3. Condom ____ 4. Vaginal tablet/cream ____
5. Vasectomy ____ 6. Tubal ligation ____
7. Injection ____

VI. Return visit .....

VII. Additional remarks .....

Signature

(.....)

K/I/KB/71

Figure 5

Identification Card (9 x 12 cm)

Clinic Code /_/ /_/ /_/ Serial Acceptor Number /_/ /_/ /_/

Name _____

Name of Husband _____

Address _____

N.B. Keep this card in safe place.
Do not forget to bring this card each time you visit the family planning clinic.

Date of First Visit _____

Contraceptive Method _____

Reverse Side

Next Appointment	Remarks

K/II/KB/71

Figure 6

Index Card (9 x 12 cm)

Clinic Code /_/_/ /_/_/ /_/_/

Name Code /_/_/_/ /_/_/_/

(First three letter of acceptor's and husband's first name)

Acceptor's name _____

Acceptor's Husband's Name _____

Address _____

Serial Acceptor Number /_/_/_/_/ /_/_/

CLINIC REGISTER

Date	Monthly Chron No.	Acceptor Serial Number		New Acceptor: - First time given a contraceptive - Following delivery/spontaneous abortion yet before using FP method							Repeat Visit											Referral Source							New acceptor recruited by mobile team	New post-partum acceptor			Amount Contraceptive given				Additional Remarks
											Pill			I.U.D.																							
		New Visit	Repeat Visit	Pill	I U D	Condom	Vaginal Cream/tablet	Vasectomy	Tubal ligation	Injection	To obtain more pills	Complaints	Other	Routine Checks	Complaints	Expulsion	Removal	Reinsertion	Condom	Vaginal Cream/tablet	Other Method	Relatives/friends	Other Acceptor	Health Worker	FP Fieldworker	Indigenous Midwife	Self-referred	Other		Immediate	Direct	Indirect	Pill (strips)	I U D (pieces)	Condom (dozen)	Vaginal Cream (tube)	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38

R/II/KB/74

Figure 8

Contraceptive Register

Month _____ Year 19____

Receipts of Contraceptive Stock During This Month

Date	Oral Contraceptive (cycles)	I.U.D.s Size B	I.U.D.s Size C	I.U.D.s Size D	Condom (Doz.)	Foam Tablets	Acceptor Cards K/IV/KB	Comments
A. Total received this month								
B. Stock at the end of last month								
C. Total available stock (A+B)								
D. Total distribution this month								
E. Stock at end of this month								

Distribution of Contraceptive Stock During This Month

Date	Oral Contraceptive (cycles)	I.U.D.s Size B	I.U.D.s Size C	I.U.D.s Size D	Condom (Doz)	Foam Tablets	Acceptor Cards K/IV/KB	Comments
D. Total distribution this month								

Figure 9

K/V/KB/72

Acceptor Follow Up Card (9 x 12 cm)

Year	Month	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	Date												
Method of Contraception													

K/V/KB/72

NATIONAL FAMILY PALNNING PROGRAM
FOLLOW-UP CARD

Acceptor Serial No. /_/_/_/ /_/_/

Acceptor Name _____ Husband's Name _____

Address _____

_____

Date Began Contraception _____

Initial Contraceptive Method _____

F/II/KB/73

Figure 10

NATIONAL FAMILY PLANNING PROGRAM
MONTHLY CLINIC REPORT

Name of Clinic : _____
Address : _____
Clinic Status : 1. Department of Health 2. Armed Force 3. Other Government Agency 4. Private ☐
Clinic Type : 1. Simple 2. Complete ☐

Clinic open this month ___ ___ times
Total ___ ___ ___ hours

Clinic Code Number ☐☐☐
Report for month of _____

A. Activities in the Clinic :

I. Total new acceptors visit to this clinic:

1. Pill	___ ___ ___	(col. 5) *
2. Intra Uterine Device	___ ___ ___	(col. 6)
3. Condom	___ ___ ___	(col. 7)
4. Vaginal tablets	___ ___ ___	(col. 8)
5. Vasectomy	___ ___ ___	(col. 9)
6. Tubal ligation	___ ___ ___	(col.10)
7. Injection	___ ___ ___	(col.11)
Total	___ ___ ___	

II. Total revisits for same contraceptive method (visit) :

1. Pill		
a. To obtain more pills	___ ___ ___	(col. 12)
b. Complaints	___ ___ ___	(col. 13)
c. Other	___ ___ ___	(col. 14)
2. Intra Uterine Device		
a. Routine checkup	___ ___ ___	(col. 15)
b. Complaints	___ ___ ___	(col. 16)
c. Expulsion	___ ___ ___	(col. 17)
d. Extraction	___ ___ ___	(col. 18)
e. Re-insertion	___ ___ ___	(col. 19)
3. Condom	___ ___ ___	(col. 20)
4. Vaginal tablets	___ ___ ___	(col. 21)
5. Other	___ ___ ___	(col. 22)

B. Activities outside the FP Clinic :

1. Total persons contacted on house visit	
a. Finding new acceptors	___ ___ ___
b. Providing Contraceptives	___ ___ ___
c. Other purposes	___ ___ ___
2. a. Total referral cards distributed to acceptor candidates	___ ___ ___
b. Total candidates that became acceptors	___ ___ ___

3. New acceptors who were referred by:

a. Relative/friend	___ ___ ___	(col. 23)
b. Other acceptor	___ ___ ___	(col. 24)
c. Health worker	___ ___ ___	(col. 25)
d. FP fieldworker	___ ___ ___	(col. 26)
e. Indiganous midwife	___ ___ ___	(col. 27)
f. Self-referred	___ ___ ___	(col. 28)
g. Other	___ ___ ___	(col. 29)

4. a. Total group sessions	___ ___ ___	
b. Total attendance	___ ___ ___	
5. Total new acceptors (all methods) recruited by Medical Mobile Team	___ ___ ___	(col. 30)

C. Only for Postpartum Clinic:

1. Type of new acceptor:		
a. Immediate	___ ___ ___	(col. 31)
b. Direct	___ ___ ___	(col. 32)
c. Indirect	___ ___ ___	(col. 33)
2. a. Total deliveries	___ ___ ___	
b. Total abortion	___ ___ ___	

D. Stock of Contraceptives

	End of last month supply	Received this month	Issued this month	End of this month supply
1. Pill, strip	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2. IUD size B (#4) ea	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
size C (#3) ea	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
size D (#2) ea	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
3. Condom, dozen	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
4. Vaginal tablet (tube)	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
5. Other, identify	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
E. Acceptor Card (K/IV/KB), sheets	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___

F. Other information

Note : This report should be sent not later than the 5th of the following month.
* Designates column number in Clinic Register (R/I/KB)

Prepared ..... date .....

Clinic Director,

(.....)

Figure 11

F/I/KB/71

Field-Worker Report

Month _____

1. Total number of persons contacted this month _____

   a. For finding new acceptors _____

   b. For providing contraceptives _____

   c. For other purposes _____

2. a. Total number of referral cards distributed this month _____

   b. Total number of referred women who visited family planning clinic and became acceptors _____

3. a. Total number of group meetings organized this month _____

   b. Total attendance at the group meetings _____

N.B. This report must be submitted to the Director of the family planning clinic on the 2nd day after the reporting period.

Date _____

Signature _____

Figure 12 A

REPORT ON NUMBER OF
REGISTERED CLINIC AND NEW ACCEPTORS
BY PROVINCE

Month: MARCH 1975

	PROVINCE	Number of Registered Clinic					Reporting Clinic (%)	Number of New Acceptors in This Month				
		Dep. of Health	Armed Force	Other Gov. Agency	Private	Total		Total	Pill	I U D	Condom	Foam Tablet
									%	%	%	%
09	Jakarta	61	42	26	44	173	100.00	14715 100.00	6089 41.38	1282 8.71	7072 48.06	13 0.09
10	West Java	430	42	0	34	506	98.62	37985 100.00	30725 80.89	1101 2.90	5668 14.92	66 0.17
11	Central Java	485	47	4	41	577	97.40	54937 100.00	27935 50.85	3253 5.92	23490 42.76	40 0.07
12	Yogyakarta	96	6	0	17	119	95.80	4472 100.00	896 20.04	473 10.58	2997 67.02	2 0.04
13	East Java	843	53	11	48	955	96.75	54527 100.00	41810 76.68	3852 7.06	8555 15.69	22 0.04
14	Bali	139	6	0	7	152	98.68	6764 100.00	1989 29.41	1682 24.87	2984 44.12	18 0.27
Total		2054	196	41	191	2482	97.58	173400 100.00	109444 63.12	11643 6.71	50766 29.28	161 0.09

Jakarta April 26, 1975

National Family Planning Coordinating Board
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Figure 12 B

REPORT ON NUMBER OF
NEW ACCEPTORS, REVISITS, AND ACTIVITIES OUTSIDE THE CLINICS
BY PROVINCE

MONTH: MARCH 1975

	PROVINCE	Number of New Acceptor	Revisits						Activities Outside the Family Planning Clinics						
			Pill	IUD	Condom	Foam Tablet	Others	Total	Seeking New Acceptor	Providing Contra-ceptives	Other Purposes	Referral Cards Distrb	Referral Cards Received	Number of Group Meeting	Total Attendance of Group Meeting
09	Jakarta	14715	26399	9567	2372	39	76	38453	38419	2501	4432	10000	7718	294	8253
10	West Java	37985	229673	7657	10446	150	1147	249073	154001	60191	45121	47457	31044	3525	116904
11	Central Java	54937	118697	29588	17129	22	399	165835	145517	30289	55019	58532	43262	2499	101924
12	Yogyakarta	4472	7569	4219	4770	18	29	16605	13432	5369	3990	4645	3337	298	14831
13	East Java	54527	252266	28159	16735	132	123	297415	158996	330902	153881	44299	33753	3833	101840
14	Bali	6764	5659	9950	980	23	3	16615	17970	5577	8614	7517	6088	429	12476
	Total	173400	640263	89140	52432	384	1777	783996	528335	434829	271057	172450	125202	10878	356228

Jakarta April 26, 1975

National Family Planning Coordinating Board
Bureau of Reporting & Documentation

INDONESIAN NATIONAL FAMILY PLANNING SERVICE STATISTIC SUMMARY
MONTHLY REPORT

Figure 12 C

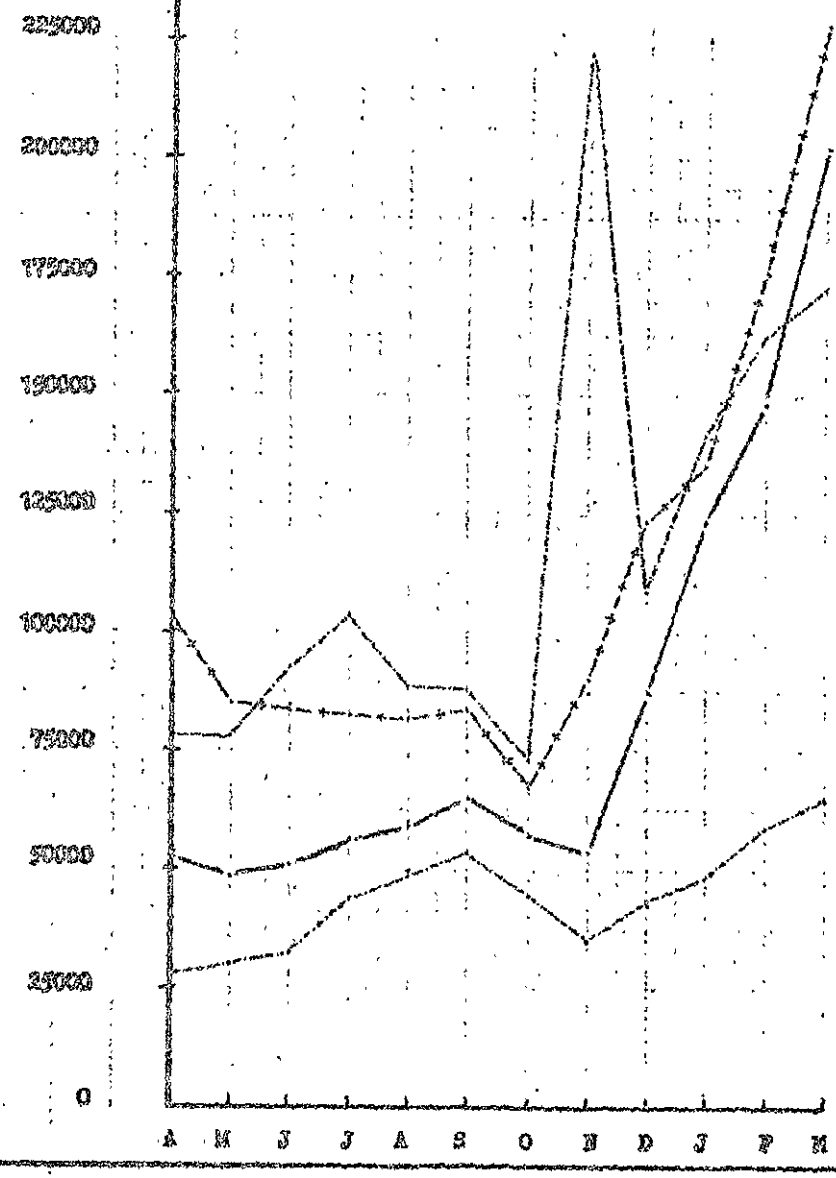
MONTH: MARCH 1975

	PROVINCE	Number of Registered Clinic	Clinic Sessions: Number of Session	Clinic Sessions: Total Hours	Number of New Acceptors in this Month	New Acceptors per Clinic in this Month	New Acceptors per Hours Sessions	Total Cumulative Reporting Clinics (%)	Total Cumulative New Acceptors from April 1974	Target New Acceptors F.Y.G.O.I. 1974/1975	Cumulative Achievement by Target (%)	Cumulative New Acceptors per 1000 Fertile Women
09	Jakarta	173	1824	7610	14715	85.06	1.93	97.55	89771	94252	95.25	96.19
10	West Java	506	4940	24528	37985	75.97	1.55	96.61	289013	309520	93.37	73.66
11	Central Java	577	5819	30224	54937	97.41	1.82	97.51	357142	360302	99.12	90.01
12	Yogyakarta	119	779	3797	4472	39.23	1.18	96.05	40251	42788	94.07	89.13
13	East Java	955	12947	57046	54527	57.34	0.96	95.97	653763	541570	120.72	141.21
14	Bali	152	1396	7220	6764	45.09	0.94	98.48	45076	51568	87.41	114.74
Total		2482	27705	130425	173400	70.72	1.33	96.75	1475016	1400000	105.36	103.16

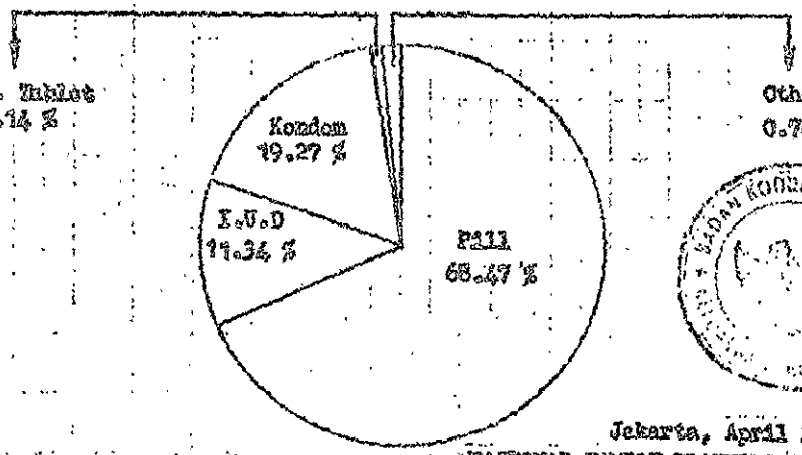
Jakarta April 26, 1975

National Family Planning Coordinating Board
Bureau of Reporting & Documentation

Total New Acceptors in Java & Bali per month.



Percentage New Acceptors by methods in Java & Bali
Cumulative April 74 - March 75.



Jakarta, April 28, 1975.
NATIONAL FAMILY PLANNING COORDINATING BOARD
Bureau of Reporting & Documentation